

Facility Information

Facility Name: FLO'S ADULT FAMILY HOME (590027)  
Address: 915 E WASHINGTON ST, DURAND, WI 54736  
License Status: REGULAR  
Licensed/Certified/Registered 05/31/1992  
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0093250 End Date: 08/19/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009793 Served 08/28/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		

Survey ID: 0092680 End Date: 05/24/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009783 Served 06/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(2)(a)	DIFFICULTY WALKING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

DEPARTMENT OF HEALTH AND FAMILY SERVICES  
Division of Disability and Elder Services  
Printed 08/18/2006

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID: 0090728      End Date: 07/24/2003      Type: OTHER      Purpose: DESK REVIEW**

**Results: NO STATEMENT OF DEFICIENCY ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Enforcement History**

**Date:** 05/28/2004      **SOD #**10009783      **Appealed:** No

Sanctions

OTHER SANCTION

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 05/14/2004**

**Date Investigation Completed: 06/01/2004**

Subject Area(s)

Result

SOD #

SUPERVISION

NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS

SUBSTANTIATED

10009783

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